



BILL RICHARDSON  
GOVERNOR

*State of New Mexico*  
**ENVIRONMENT DEPARTMENT**  
*Hazardous Waste Bureau*  
2905 Rodeo Park Drive East, Building 1  
Santa Fe, New Mexico 87505-6303  
Telephone (505) 428-2500  
Fax (505) 428-2567  
www.nmenv.state.nm.us



RON CURRY  
SECRETARY

DERRITH WATCHMAN-MOORE  
DEPUTY SECRETARY

**CERTIFIED MAIL - RETURN RECEIPT REQUESTED**

February 19, 2003

Dr. Steven Warren, President  
Washington TRU Solutions LLC  
P.O. Box 2078  
Carlsbad, New Mexico 88221-5608

**RE: NOTICE OF VIOLATION**  
**WIPP HAZARDOUS WASTE FACILITY PERMIT**  
**EPA I.D. NUMBER NM4890139088**

Dear Dr. Warren:

The New Mexico Environment Department (**NMED**) has reviewed the administrative correspondence record of the Waste Isolation Pilot Plant (**WIPP**) and has identified certain events since 1997 that document violations of the disclosure requirements of the New Mexico Hazardous Waste Act (**HWA**) and the transfer of permits requirements of the New Mexico Hazardous Waste Regulations (**20.4.1 NMAC**) by the WIPP Management and Operating (**M&O**) Contractor. Specifically:

- On March 24, 1999, prior to the date of permit issuance, Westinghouse Electric Company gave notice that Westinghouse Governmental Environment Services Company LLC (**WGES LLC**) had purchased Westinghouse Electric Company, including the Westinghouse Waste Isolation Division. At that time, WGES LLC failed to file a disclosure as required by §74-4-4.7 of the HWA.
- In December 2000, the US Department of Energy (**DOE**) awarded a new M&O contract for WIPP to Westinghouse TRU Solutions LLC, a limited liability company jointly owned by WGES LLC and Roy F. Weston. At that time, Westinghouse TRU Solutions LLC, the new co-operator at WIPP, failed to file a disclosure or an update to a disclosure as required by §74-4-4.7(E) of the HWA.
- Westinghouse TRU Solutions LLC failed to file a Class 1 permit modification requiring prior approval by NMED (also referred to as a Class 1\* permit

030228



modification) regarding the change of operational control of the WIPP facility that resulted from the new M&O contract, as required by 20.4.1.900 NMAC (incorporating 40 CFR §270.40).

- Recently, Westinghouse TRU Solutions LLC changed its name to Washington TRU Solutions LLC and named a new President and General Manager, again failing to file a disclosure or an update to a disclosure as required by §74-4-4.7(E) of the HWA.

In accordance with §74-4-10, NMED may: (1) issue a compliance order that requires compliance immediately or within a specified time period, or assesses a civil penalty for any past or current violation of up to \$10,000 per day of non-compliance with each violation, or both; or (2) commence a civil action in district court for appropriate relief, including a temporary or permanent injunction. Any such order issued may include a suspension or revocation or any permit issued by NMED as well as a detailed plan of corrective action.

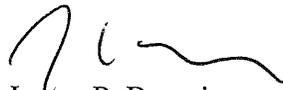
Although §74-4-4.7 of the HWA does not explicitly contemplate actions to be taken by NMED upon failure of an applicant to submit a disclosure form, §74-4-4.7(E) identifies actions NMED may take against any person who fails to provide updated disclosure information in a timely manner. Therefore, NMED hereby gives you notice that it is hereby requiring submittal of relevant current information required under §74-4-4.7(A) using the forms attached to this letter. Please note that NMED requires all applicants for permits for the ownership or operation of hazardous waste treatment, storage and disposal facilities to file such disclosure forms unless specifically exempted by §74-4-4.7(F). NMED also requires you to submit current information relevant to the environmental compliance provisions of §74-4-4.2(D)(3), (4), (5), and (6). Finally, NMED requires that you submit a Class 1\* modification request as specified in 20.4.1.900 NMAC (incorporating 40 CFR §270.40 and Appendix I to §270.42, Item A.7), which will propose new language for Permit Attachment A that fully documents the history of the M&O contractor's change of ownership, name, and/or organization since 1997. These actions must be completed and received by NMED within thirty (30) calendar days of receipt of this Notice of Violation.

Failure to complete these actions in a timely manner could lead to initiation of the formal enforcement measures as outlined above. Any action taken in response to this letter does not relieve the US Department of Energy and the M&O contractor (collectively, **the Permittees**) of their obligation to comply with 20.4.1 NMAC in other activities that they conduct, nor does it relieve the Permittees of their obligation to comply with any other applicable laws and regulations.

Dr. Steven Warren  
February 19, 2003  
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If you have any questions regarding this letter, please contact me at (505) 428-2512. Please address your response to this NOV to Mr. Steve Zappe's attention at the address on the letterhead.

Sincerely,



James P. Bearzi  
Chief  
Hazardous Waste Bureau

JPB:soz

Attachment: NMED Disclosure Forms

cc w/ attachment:

File: Red WIPP '03

cc w/o attachment:

John Kieling, NMED HWB  
Steve Zappe, NMED HWB  
Tracy Hughes, NMED OGC  
Chuck Noble, NMED OGC  
Inés Triay, CBFO  
Laurie King, EPA Region 6  
Betsy Forinash, EPA ORIA  
Connie Walker, Trinity Engineering

Attachment  
Disclosure Statement Forms

(Note: Although the forms were developed by NMED's Solid Waste Bureau, the Hazardous Waste Bureau uses the same forms. All references to "solid waste" should be interpreted as "hazardous waste" in the context of completing the forms.)

**MAIN DISCLOSURE FORM**

For every applicant for, or holder of, a New Mexico  
Solid Waste Facility Permit  
who is required to file a disclosure statement  
Pursuant to the Solid Waste Act.

## MAIN DISCLOSURE FORM

### INSTRUCTIONS

1. WHO MUST COMPLETE THIS FORM. Every applicant for or holder of a New Mexico Environmental Improvement Division Solid Waste Facility Permit.
2. ALL QUESTIONS MUST BE ANSWERED. All of the information sought by the New Mexico Environmental Improvement Division and the Department of Public Safety is material and essential. Failure to provide any of the information requested in the disclosure forms constitutes a material failure to provide necessary information and may constitute grounds for denial or revocation of a permit. Read every question carefully before answering any. Answer every question completely. Do not leave any blank spaces. If a question does not apply, enter "Not Applicable" or "N/A" in the space provided. If there is nothing to disclose in answer to a particular question, enter "None" in the space provided for an answer.
3. ANSWER COMPLETELY AND TRUTHFULLY. Failure to answer any question completely may result in the statement being returned for supplementation. If the answer to a question in this form is identical to an answer given to a previous question in the form, you may answer the later question by writing "Same as \_\_\_\_." For example, if the answer to Question 3 is the same as the answer to Question 2, you may answer Question 3 by writing "Same as 2."

### WARNING

**FRAUDULENT, DECEPTIVE OR MISLEADING ANSWERS ON DISCLOSURE STATEMENTS MAY RESULT IN THE DENIAL OR REVOCATION OF AN EID PERMIT. IN ADDITION, ANY PERSON WHO FAILS TO DISCLOSE OR WHO MAKES FALSE OR MISLEADING STATEMENTS ON THIS FORM MAY BE SUBJECT TO FELONY CRIMINAL PROSECUTION.**

- Be especially careful not to leave out information in a way that might create an impression that you are trying to hide it. For example, a minor criminal conviction may not disqualify you or your company from being licensed -- but attempting to conceal the conviction may lead to a finding of untrustworthiness, and result in your disqualification. Omitting such information from this form, even unintentionally, may result in your disqualification. Even if the question is resolved in your favor, an application may be delayed while the inquiry goes forward.
4. ADDITIONAL SPACE. If you need additional space to answer a question, use plain 8 1/2" by 11" paper. Insert additional pages immediately following the page on which the question you are answering appears. Be sure to indicate your answer is "continued on next page", and indicate on the additional page what question is being answered.

When you have finished answering all questions, and have attached all additional pages, consecutively number each page at the top right corner -- including the additional pages. Pages of

the original form which need to be renumbered as a result of adding pages should be renumbered at the space provided after "Your Page No. . .".

5. EXHIBITS. If you are required or wish to submit any document in connection with your answer to any question, refer to it in your answer as, for example, "Exhibit No. \_\_\_", and attach it at the end of the form.

6. TYPE OR PRINT YOUR ANSWERS. Type or print in legible block letter style.

7. The information required to be submitted in the disclosure statement is intended to be the information necessary to begin the background investigation required by the Solid Waste Act. In limiting the scope of information required to be included in the disclosure statement, it is expressly contemplated that in individual investigations the Department of Public Safety may have reason to believe that the authority contained in the Solid Waste Act and procedures adopted by the Director of the Environmental Improvement Division should be employed to review additional information.

SOCIAL SECURITY NUMBERS

Notice required under Section 7(b) of the  
Federal Privacy Act of 1974

Under Section 7(b) of the Privacy Act of 1974, 5 U.S.C. Section 552a (note), any government agency which requests an individual to disclose his Social Security account number must inform that individual whether the disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.

The New Mexico Environmental Improvement Division in cooperation with the New Mexico Department of Public Safety are authorized to require information from solid waste permit applicants pursuant to the Solid Waste Act, 74-9-21, NMSA. The Social Security number is used as a secondary identifier by the New Mexico Department of Public Safety when they conduct background identification, when the Department of Public Safety conduct checks of criminal history records maintained by the State and federal governments, and as a cross-check against motor vehicle records. In specific investigations which may involve examination of particular records obtained from outside sources, the Social Security number might be used to determine whether the individual named in the records and the individual under investigation are the same or different persons.

The listing of Social Security numbers on the disclosure forms is voluntary. Under Section 7(a) of the Privacy Act, the Division cannot deny or revoke a license or impose any penalty because of an individual's refusal to disclose a Social Security number. However, the absence of a Social Security number as a secondary identifier may delay processing of, and decisions on permitting because of the additional investigative time and the unavoidable possibility that the absence of a Social Security number may result in the initial identification of an individual as having a criminal record which actually is that of another person. That also may result in delay in the decision on licensing required by the Solid Waste Act.

MAIN DISCLOSURE FORM

THIS DISCLOSURE STATEMENT IS BEING FILED FOR THE FOLLOWING FACILITY:

\_\_\_\_\_

In connection with an:

\_\_\_\_\_ application for a permit for a solid waste facility

\_\_\_\_\_ existing solid waste facility, pursuant to notice from the Environmental Improvement Division

\_\_\_\_\_ change of ownership of a solid waste facility

1

1. Full name of the applicant, permittee, or prospective owner for which this form is submitted. If the named entity is an individual, submit a Personal History Disclosure Form. If the named entity is a business concern, submit a Business Concern (Governmental Entity) Disclosure Statement and also submit a Listed Business Concern Statement.

2. List each individual who is an officer, director, partner or key employee of a sole proprietorship or business concern listed in Question 1. For each name listed submit a Personal History Disclosure Form.

A "key employee" is an individual employed as a supervisor or an individual empowered to make discretionary decisions. A "key employee" is delegated authority in the interest of the employer and exercises independent judgment. A "key employee" recommends or makes decisions regarding personnel or waste management. A "key employee" is not merely authorized to perform a routine or clerical task.

3. List each individual who "owns or controls," the business concern listed in Question 1. For each name listed submit a Personal History Disclosure Form.

4. List each business concern that is a partner of, or a subsidiary of, a business concern listed in Question 1. For each name listed submit a Business Concern (Governmental Entity) Disclosure Form and also a Listed Business Concern Disclosure Form.

5. List each business concern that "owns or controls," the business concern listed in Question 1. For each name listed submit a Business Concern (Governmental Entity) Disclosure Form and a Listed Business Concern Disclosure Form.

"Owns or Controls" means possessing a 5% or more equity interest. "Equity" means any financial interest, including partners' shares and stock of a corporation.

6. List each individual who is an officer, director, or partner of a business concern listed in Question 5. For each name listed submit a Personal History Disclosure Form.

7. List each individual who "owns or controls" the business concern listed in Question 5. For each name listed submit a Personal History Disclosure Form.

8. List each business concern that both (1) is a "subsidiary" of, that is, is "owned or controlled" by, an individual or business concern listed in Questions 1, 3, 4, or 5, and (2) has had:

- (a) a conviction rendered, or had a criminal charge filed, against itself or any of its officers, directors, or key employees of the subsidiary involving environmental violations, moral turpitude, restraint of trade, price-fixing, bribery or fraud within ten years immediately preceding the date of this application; or
- (b) any permit revoked or permanently suspended under the environmental laws of any state or the United States; or
- (c) a judicial complaint or judgment of liability rendered against itself or any of its officers, directors or key employees for violation of any environmental protection law or antitrust, trespass or public nuisance law.

For each name listed below submit a Subsidiary Disclosure Form and also a Listed Business Concern Form.

A "key employee" is an individual employed as a supervisor or an individual empowered to make discretionary decisions. A "key employee" is delegated authority in the interest of the employer and exercises independent judgment. A "key employee" recommends or makes decisions regarding personnel or waste management. A "key employee" is not merely authorized to perform a routine or clerical task.

9. List the following information for each business concern which collects, transfers, treats, stores or disposes of solid, infectious or hazardous waste in which the applicant, permittee, or prospective owner holds an equity interest.

Full Name

Address

Federal Tax I.D. #

10. List each business concern listed in any Listed Business Concern Disclosure Form. For each business concern listed, submit a Listed Business Concern Disclosure Form.

11. OTHER EMPLOYEES. List the following information for all employees (other than key employees) employed, or to be employed, at the facility as of thirty days within filing the disclosure statement.

Name Home Address & Phone #	<u>Position</u>	<u>Hire Date</u>	Social <u>Security No.</u>
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AFFIDAVIT \*

STATE OF

}  
}

COUNTY OF

I, \_\_\_\_\_, on behalf of \_\_\_\_\_ do hereby swear (or affirm) that I am authorized and have personal knowledge that the information in this Main Disclosure Form and that the information about the business concern given in answer to Questions (please circle the Questions to which this affidavit applies):

1 2 3 4 5 6 7 8 9 10 11

is true and accurate. I swear (or affirm) that the information provided is based upon my personal knowledge after exercising diligent efforts to be apprised of all the facts and circumstances necessary to provide the information. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to criminal prosecution and civil action. I understand and acknowledge that all of the answers are material to the determination of whether a license will issue.

Dated: \_\_\_\_\_ (signature)

\_\_\_\_\_ (type or print name here)

\_\_\_\_\_ (title)

If form was prepared by a person other than the individual signing this Affidavit (e.g., account or attorney), indicate that person's name, address and telephone number:

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

\_\_\_\_\_ (notary)

\* Sufficient affidavits should be attached such that some person swears to the truth and accuracy of the information of the answers to each question in this form.

**PERSONAL HISTORY DISCLOSURE FORM**

For sole proprietors and each individual who is an officer, director, partner, or key employee of an applicant for, or holder of, a solid waste facility permit.

Pursuant to the Solid Waste Act.

PERSONAL HISTORY DISCLOSURE FORM

INSTRUCTIONS

1. WHO MUST COMPLETE THIS FORM. Sole proprietors and each individual who is an officer, director, partner, or key employee of an applicant for, or holder of, a solid waste facility permit.

A "key employee" is an individual employed as a supervisor or an individual empowered to make discretionary decisions. A "key employee" is delegated authority in the interest of the employer and exercises independent judgment. A "key employee" recommends or makes decisions regarding personnel or waste management. A "key employee" is not merely authorized to perform a routine or clerical task.

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PERSONAL HISTORY DISCLOSURE FORM

NAME OF APPLICANT, PERMITTEE, OR PROSPECTIVE OWNER:

RELATIONSHIP OF INDIVIDUAL COMPLETING THIS FORM WITH THE APPLICANT, PERMITTEE, OR PROSPECTIVE OWNER:

Individual is the applicant, permittee, or prospective owner.

Individual is an officer of the applicant, permittee, or prospective owner.

Individual is a director of the applicant, permittee, or prospective owner.

Individual is a partner of the applicant, permittee, or prospective owner.

Individual is a key employee of the applicant, permittee, or prospective owner.

Individual owns or controls the applicant, permittee, or prospective owner.

Individual is an officer, director, partner of, or controls a business concern which owns or controls the applicant, permittee, or prospective owner.

Individual is the operator of the facility for which the applicant, permittee, or prospective owner is a governmental entity and the individual is not an employee of the governmental entity.

Individual is a key employee of the operator of the subject facility for which the applicant, permittee, or prospective owner is a governmental entity and the operator is not an employee of the governmental entity.

Other: explain in detail.

PERSONAL HISTORY DISCLOSURE FORM

1. a. FULL NAME OF PERSON COMPLETING THIS FORM:

\_\_\_\_\_ (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle)

1. b. DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ (city) \_\_\_\_\_ (county) \_\_\_\_\_ (state, province, etc.) \_\_\_\_\_ (country)

1. c. SOCIAL SECURITY NUMBER: \_\_\_\_\_

1. d. FATHER: \_\_\_\_\_ (full name)

PLACE OF BIRTH: \_\_\_\_\_ (city) \_\_\_\_\_ (county) \_\_\_\_\_ (state, province, etc.) \_\_\_\_\_ (country)

1. e. MOTHER: \_\_\_\_\_ (full name)

MAIDEN NAME: \_\_\_\_\_ (full name)

PLACE OF BIRTH: \_\_\_\_\_ (city) \_\_\_\_\_ (county) \_\_\_\_\_ (state, province, etc.) \_\_\_\_\_ (country)

1.f. SPOUSE: \_\_\_\_\_ (full name)

MAIDEN NAME \_\_\_\_\_ (full name)

PLACE OF BIRTH: \_\_\_\_\_ (city) \_\_\_\_\_ (county) \_\_\_\_\_ (state, province, etc.) \_\_\_\_\_ (country)

MOTHER'S MAIDEN NAME: \_\_\_\_\_ (full name)

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

1.g. HOME ADDRESS: \_\_\_\_\_ (number and street)

\_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code)

HOME TELEPHONE: \_\_\_\_\_ (area code)

MAILING ADDRESS, IF DIFFERENT FROM HOME: \_\_\_\_\_ (number and street)

\_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code)

1.h. ADDRESS OF PLACE OF BUSINESS:

\_\_\_\_\_ (number and street)

\_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code)

BUSINESS TELEPHONE:

\_\_\_\_\_ (area code)

MAILING ADDRESS OF PLACE OF BUSINESS, IF DIFFERENT:

\_\_\_\_\_ (number and street)

\_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code)

1.i. PHYSICAL CHARACTERISTICS: (ATTACH A RECENT PHOTOGRAPH)

HEIGHT: \_\_\_\_\_ (Note: this question for confirmation of identification only.)

WEIGHT: \_\_\_\_\_

1.j. COUNTRY OF CITIZENSHIP: \_\_\_\_\_

1.k. OTHER NAMES: List all names other than your present full legal name that you have ever used. Include any maiden name, previous married name, alias and any name you ever worked under or were educated under. If you have ever changed your name in a legal proceeding, give the date, place and court, and your names before and after the change.

Name \_\_\_\_\_ Dates Used \_\_\_\_\_ Name and Place of Court \_\_\_\_\_

1.1. DRIVER'S LICENSE NUMBER(s):

Number                      State Issuing License                      Expiration Date

2.a. MOTOR VEHICLES REGISTERED IN YOUR NAME:

Year                      Make                      Plate No.-Licensing State                      Vehicle Identification No.

2.b. MOTOR VEHICLES COMMONLY USED BUT NOT REGISTERED IN YOUR NAME:

Year                      Make                      Plate No.-Licensing State                      Vehicle Identification No.

3. RELATIVES IN THE WASTE INDUSTRY. List the following information about each of your relatives who have ever been employed or associated with, or served as an officer, director, partner, or sole proprietor of a business concern which collects, treats, stores, or disposes of solid, hazardous, or infectious waste. "Relative" means a mother, father, sister, brother, aunt, uncle, nephew, niece, cousin, spouse, children, adopted children, step children, grandparent, or the parent, brother, sister, aunt or uncle of the spouse.

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Address</u>	<u>Name and address of solid/infectious or hazardous waste facility at which relative is employed or served</u>	<u>Position held by your relative and dates held employment/service</u>
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6. MILITARY SERVICE: Have you ever served in the military service of the United States or any foreign country?

\_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ (If "YES", complete this question; otherwise go on to Question 7.)

If foreign country, indicate country.  
If National Guard, indicate State. \_\_\_\_\_

<u>Branch of Service</u>	<u>Dates of Service</u>	<u>Serial No.</u>	<u>Rank at Discharge</u>	<u>Type of Discharge</u>
	<u>From:</u> _____ <u>To:</u> _____			

7. EMPLOYMENT: List all previous employment for the last 10 years or since age 18. Include part-time employment. Begin with most recent employment and work backward.

<u>Employer Name &amp; Address</u>	<u>Dates Employed</u>	<u>Position You Held</u>
	<u>From (mo/yr)</u> _____ <u>To (mo/yr)</u> _____	

8. **EQUITY INTERESTS:** List the following for any business concern in which you or your relatives, jointly or separately, own or control 5% or more of the outstanding equity of any business concern.

"Business concern" means any form of business organization including sole proprietorships, partnerships, corporations, trusts and associations. "Equity" means any ownership interest, including partners' shares and stock of a corporation. "Relative" means any person whom you or your spouse has a relationship by marriage, blood or adoption, within the civil law computation to the fourth degree of consanguinity.

<u>Name of Company</u>	<u>Business Address &amp; Telephone No.</u>	<u>Federal Employer ID Number</u>	<u>Amount of Equity Owned or Controlled</u>	<u>Type of Equity</u>	<u>% of Total Equity</u>
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9. **MANAGEMENT POSITIONS:** List the following information for any business concern in which you participate in management as an owner, partner, officer, director, key employee, or as a paid or unpaid consultant.

<u>Name of Company</u>	<u>Business Address &amp; Telephone No.</u>	<u>Federal Employer ID Number</u>	<u>Position Held</u>	<u>Number of Employees You Supervised</u>	<u>Date you took position</u>
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10. PAST BUSINESS INTEREST IN SOLID WASTE, INFECTIOUS WASTE, OR HAZARDOUS WASTE COMPANIES: For the last twenty years, list the following information for any business concern in which you held any interest, participated in management, or were employed, which engaged in the business of solid, infectious, or hazardous waste collection, transportation, treatment, storage, transfer or disposal during the period of your ownership or participation.

<u>Name of Company</u>	<u>Business Address</u>	<u>Telephone Number</u>	<u>Federal Employment ID No.</u>	<u>Type of Business</u>	<u>Nature and Dates of Your Participation</u>	<u>Reason for leaving</u>
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11.a. DEBTS OWED: List the following information for any debt greater than \$5,000 which you owe to any person or business concern. Include stockholder loans and loans to a company you own or control.

<u>Creditor</u>	<u>Type of Debt</u>	<u>Date Debted</u>	<u>Amount Owed</u>
		<u>Credited</u>	<u>Initial Present Balance</u>

11.b. **DEBTS HELD:** List the following information for any debt greater than \$5,000 which is owed to you. Include stockholder loans and loans to a company you own or control.

<u>Creditor</u>	Type of Debt	Date Debt Created	Amount Owed	
			<u>Initial</u>	<u>Present Balance</u>

12. **DELINQUENT TAXES:** Are all tax payments required to be made by you current? YES \_\_\_ NO \_\_\_  
If NO, describe any payments which have been determined to be delinquent.

13. **PROPERTY TAX LIENS:** Is any property you own currently subject to a state or federal lien for the non-payment of taxes?  
\_\_\_ YES \_\_\_ NO

Has any property you own been subject to a state or federal lien for the non-payment of taxes at any time in the past 20 years?  
\_\_\_ YES \_\_\_ NO If "YES" describe the lien(s).

14. **BANKRUPTCY:** Has a bankruptcy petition ever been filed by or against you?           YES           NO  
If yes, set forth the following information and provide a copy of any final discharge or con-  
formation of plans on the bankruptcy petition.

<u>Date of Petition</u>	<u>Where Filed?</u>	<u>Court</u>	<u>Disposition</u>
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15. **PROFESSIONAL LICENSES:** List any professional licenses held by you personally (e.g., Attorney, CPA, Architect, Professional Engineer, etc.)

<u>Type of License</u>	<u>Licensing Authority</u>	<u>Date Issued</u>
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16. **PROFESSIONAL VIOLATION NOTICES:** If you have ever been cited for violations or disciplined by any board or authority having jurisdiction over any of the licenses indicated in your answer to Question 15, provide the following information:

<u>Nature of Violation</u>	<u>Date Cited</u>	<u>Citing Agency</u>	<u>Disposition</u>
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17.

SOLID, INFECTIOUS AND HAZARDOUS WASTE LICENSES AND PERMITS: List all past or present licenses, registrations or permits held by you or any business concern owned or controlled by you for the operation of a solid, infectious or hazardous waste collection, transportation, treatment, storage or disposal business. (Include licenses from EID, US EPA, other states and other countries.) If listed in Business Concern Disclosure Statement, you may answer by indicating a cross-reference to that statement and question number.

<u>Name under which held</u>	<u>Location and Business Address</u>	<u>Type of License</u>	<u>Issuing Agency &amp; Address</u>	<u>Dates Held</u>		<u>Permit/License No.</u>
				<u>From</u>	<u>To</u>	

18. PENDING ADMINISTRATIVE ENFORCEMENT ACTIONS: List and explain any administrative enforcement action (including an administrative order or notice of violation) which is pending against you or a business concern owned or controlled by you which concerns a violation or alleged violation of a law, rule, or regulation relating to the collection, transportation, treatment, storage, or disposal of solid, hazardous, or infectious waste or relating to any environmental statute.

<u>Caption of Action</u>	<u>Date Action Commenced</u>	<u>Docket or ID No.</u>	<u>Agency or Tribunal Issuing Action</u>	<u>Current Status</u>	<u>Description, Date &amp; Location of Violation</u>	<u>Explanation (Optional)</u>
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19. OTHER ADMINISTRATIVE ENFORCEMENT ACTION: List and explain any administrative enforcement action (including an administrative order or notice of violation) which (a) was taken against you or a business concern owned or controlled by you, (b) was resolved or dismissed in a settlement agreement or in a consent order or decree or was adjudicated or otherwise dismissed, (c) resulted in the imposition of a sanction, including but not limited to a fine; a penalty by which payment was made by work or service performed in lieu of a fine or penalty; or a cessation or suspension of operations; and (d) concerned a violation or alleged violation of a law, rule, or regulation relating to the collection, transportation, treatment, storage, or disposal of solid, hazardous, or infectious waste or relating to any environmental statute.

<u>Caption of Action</u>	<u>Docket or ID No.</u>	<u>Agency or Tribunal Issuing Action</u>	<u>Disposition</u>	<u>Sanction Imposed</u>	<u>Description, Date &amp; Location of Violation</u>	<u>Explanation (Optional)</u>
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20. ENVIRONMENTAL PERMIT REVOCATIONS. List or explain any revocation, suspension or denial of a license, permit, or equivalent authorization, which revocation was issued within the past ten years by any governmental entity and was issued pursuant to a law, rule, or regulation relating to the collection, transportation, treatment, storage, or disposal of solid, infectious, or hazardous waste or relating to any environmental statute.

Caption/Title of Revocation, Suspension or <u>Denial Action</u>	Docket No. or <u>Other ID No.</u>	Agency or <u>Tribunal</u>	Date of Revocation, Suspension, or <u>Denial</u>	Reason for Revocation, Suspension, or <u>Denial</u>
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21. PENDING CIVIL SUITS. List the following information for any civil suit which is pending, where you or a business concern which you owned or controlled is a defendant to a claim, counter-claim, or cross claim, and may result in liability or imposition of a sanction, in whole or in part, against you or a business concern you owned or controlled under a law, rule, or regulation relating to the collection, transportation, treatment, storage, or disposal of solid, hazardous, or infectious waste or relating to any environmental statute or any antitrust, trespass or public nuisance statute.

Case Caption/Title	Docket Number	Name & Location of Court	Nature of Suit (charge)	Date Filed/ Initiated	Current Status
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22. CIVIL SUITS. List the following information for any civil suit where you or a business concern which you owned or controlled was a defendant to a claim, counterclaim, or cross claim which resulted in liability or imposition of a sanction, in whole or in part, against you or a business concern you owned or controlled and was brought under a law, rule, or regulation relating to the collection, transportation, treatment, storage or disposal of solid, hazardous, or infectious waste or relating to any environmental statute or any antitrust, trespass or public nuisance statute.

<u>Case Caption/Title</u>	<u>Docket Number</u>	<u>Court Name &amp; Location</u>	<u>Nature of Suit (charge)</u>	<u>Date of Judgment</u>	<u>Disposition</u>
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23. PENDING CRIMINAL CHARGES AND INDICTMENTS: Provide the following information for any criminal prosecution pending against you or a business concern which you owned or controlled during the time of the alleged crime. [Provide any explanation of the charges and indictments you may choose to submit. Identify the charge and indictment by the appropriate court number.]

<u>Crime or Offense</u>	<u>Indictment, Information or Complaint No.</u>	<u>Date Charged</u>	<u>Court Name &amp; Location</u>	<u>Current Status</u>
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24. CRIMINAL CONVICTIONS. Provide the following information for any criminal conviction, including deferred, suspended or subsequently dismissed, against you or a business concern which you owned or controlled during the time of the crime. [Provide any explanation of the prosecution you may choose to submit. Identify prosecution by appropriate court number.]

<u>Crime or Offense</u>	<u>Indictment, Information or Complaint No.</u>	<u>Date Charged</u>	<u>Court Name &amp; Location</u>	<u>Current Status</u>	<u>Judgment &amp; Sentence</u>
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25. SEALED RECORDS OF CONVICTION: Provide the following information if you or a business concern you owned or controlled were convicted of a crime, and you or the business concern obtained an order sealing the records of conviction. [Provide any explanation of the prosecution you may choose to submit. Identify prosecution by appropriate court number.]

<u>Crime or Offense</u>	<u>Indictment, Information or Complaint No.</u>	<u>Date Charged</u>	<u>Court Name &amp; Location</u>	<u>Judgment &amp; Sentence</u>	<u>Date Sealed</u>
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A conviction for crimes of moral turpitude, restraint of trade, price-fixing, bribery or fraud, and a history of willful disregard for environmental laws of any state or the United States, unless you can demonstrate rehabilitation, may result in your permit being denied or revoked. The business concern and the convicted person have the burden to present evidence of rehabilitation to the Director of the Environmental Improvement Division.

26. EVIDENCE OF REHABILITATION: Set forth any written evidence or arguments you wish to make that demonstrate rehabilitation.

27. ARRESTS: If you have ever been arrested list the following information, regardless of whether the arrest led to a conviction.

<u>Date of Arrest</u>	<u>Charge</u>	<u>Arresting Agency</u>	<u>Location (City, State)</u>
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28. SUBPOENAS: If you have ever been subpoenaed to testify before any investigative body (for example, a grand jury, state crime commission or congressional committee) list the following information:

<u>Date of Appearance</u>	<u>Investigative Body</u>	<u>Location of Appearance</u>	<u>Reason for Appearance</u>
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29. PROFESSIONAL BOARDS. If you have ever been a member of any professional board or formally constituted governmental advisory committee, list the following information:

<u>Board or Committee</u>	<u>Address</u>
	Dates of Membership
	<u>From (mo/yr) To (mo/yr)</u>

30. WASTE INDUSTRY ORGANIZATION. List the following information for any organization with any connection whatsoever to the solid, infectious, or hazardous waste industries of which you have been a member or held office, including, but not limited to, professional organizations and trade associations.

<u>Name of Organization</u>	<u>Address of Chapter or Unit to Which You Belong(ed)</u>	<u>Dates of Membership from (mo/yr) To (mo/yr)</u>	<u>Office held</u>
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31. Describe here your experience and credentials in the collection, transportation, treatment, storage or disposal of solid waste, infectious waste, or hazardous waste.

You may answer or supplement your response to this question by including resumes, lists of professional publications and achievements, and cross-reference to information disclosed elsewhere on this form.

AFFIDAVIT

STATE OF )  
 )  
COUNTY OF )

I, \_\_\_\_\_, do hereby swear (or affirm) that the information in this Personal History Disclosure Form is true and accurate. I swear (or affirm) that the information provided is based upon my personal knowledge after exercising diligent efforts to be apprised of all the facts and circumstances necessary to provide the information. I am aware that if any of the foregoing statements made by me are false, I am subject to criminal prosecution and civil action. I understand and acknowledge that all of the answers are material to the determination of whether a license will issue.

Dated: \_\_\_\_\_ (signature)

\_\_\_\_\_ (type or print name here)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

\_\_\_\_\_ (notary)

RELEASE AUTHORIZATION

To All Courts, Probation Departments, Selective Service Boards, Credit Bureaus, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, and all Governmental Agencies -- federal, state and local without exception, both foreign and domestic.

I, \_\_\_\_\_, am an owner, officer, director, partner, stockholder, or a key employee of \_\_\_\_\_, an applicant for or holder of a New Mexico Environmental Improvement Division solid waste facility permit. I have authorized the New Mexico Department of Public Safety to conduct an investigation into my background for the purpose of determining the suitability of the company with which I am affiliated to hold a solid waste facility permit, as provided under the Solid Waste Act.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by an appropriate employee, agent or representative of the New Mexico Department of Public Safety. This authorization shall supersede and countermand any prior request or authorization to the contrary. A copy of this authorization will be considered as effective and valid as the original.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(typed or printed name)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

\_\_\_\_\_  
(notary)

BUSINESS CONCERN (GOVERNMENTAL ENTITY) DISCLOSURE STATEMENT

For each business concern which is an applicant for, or holder of, a solid waste facility permit, and for each business concern which is a partner of the applicant, permittee, or prospective owner.

Also,

for a governmental entity which is the applicant, permittee, or prospective owner of the solid waste facility, which must answer Questions 11 through 16 and Question 20 on this form.

Pursuant to the Solid Waste Act.

BUSINESS CONCERN (GOVERNMENTAL ENTITY) DISCLOSURE STATEMENT

INSTRUCTIONS

1. WHO MUST COMPLETE THIS FORM. Each business concern which is an applicant for, or holder of, a solid waste facility permit, and each business concern which is a partner of the applicant, permittee, or prospective owner, and each business concern which owns or controls the applicant, permittee, or prospective owner, must complete this form. Sole proprietors must complete this form and a Personal History Disclosure Form. Also, a governmental entity which is the applicant, permittee, or prospective owner of the facility, must answer Questions 11 through 16 and Question 20 on this form.
  2. ALL QUESTIONS MUST BE ANSWERED. All of the information sought by the New Mexico Environmental Improvement Division and the Department of Public Safety is material and essential. Failure to provide any of the information requested in the disclosure forms constitutes a material failure to provide necessary information and may constitute grounds for denial or revocation of a permit. Read every question carefully before answering any. Answer every question completely. Do not leave any blank spaces. If a question does not apply, enter "Not Applicable" or "N/A" in the space provided for an answer. If there is nothing to disclose in answer to a particular question, enter "None" in the space provided for an answer.
  3. ANSWER COMPLETELY AND TRUTHFULLY. Failure to answer any question completely may result in the statement being returned for supplementation. If the answer to a question in this form is identical to an answer given to a previous question in the form, you may answer the later question by writing "Same as \_\_\_\_." For example, if the answer to Question 3 is the same as the answer to Question 2, you may answer Question 3 by writing "Same as 2."
- WARNING
- FRAUDULENT, DECEPTIVE OR MISLEADING ANSWERS ON DISCLOSURE STATEMENTS MAY RESULT  
IN THE DENIAL OR REVOCATION OF AN EID PERMIT. IN ADDITION, ANY PERSON WHO FAILS TO  
DISCLOSE OR WHO MAKES FALSE OR MISLEADING STATEMENTS ON THIS FORM MAY BE SUBJECT TO  
FELONY CRIMINAL PROSECUTION.
- Be especially careful not to leave out information in a way that might create an impression that you are trying to hide it. For example, a minor criminal conviction may not disqualify you or your company from being licensed -- but attempting to conceal the conviction may lead to a finding of untrustworthiness, and result in disqualification. Omitting such information from this form, even unintentionally, may result in your disqualification. Even if the question is resolved in your favor, an application may be delayed while the inquiry goes forward.
4. ADDITIONAL SPACE. If you need additional space to answer a question, use plain 8 1/2" by 11" paper. Insert additional pages immediately following the page on which the question you are answering appears. Be sure to indicate your answer is "continued on next page", and indicate on the additional page what question is being answered.

When you have finished answering all questions, and have attached all additional pages, consecutively number each page at the top right corner -- including the additional pages. Pages of the original form which need to be renumbered as a result of adding pages should be renumbered at the space provided after "Your Page No. . . ."

5. EXHIBITS. If you are required or wish to submit any document in connection with your answer to any question, refer to it in your answer as, for example, "Exhibit No. \_\_\_", and attach it at the end of the form.

6. TYPE OR PRINT YOUR ANSWERS. Type or print in legible block letter style.

7. The information required to be submitted in the disclosure statement is intended to be the information necessary to begin the background investigation required by the Solid Waste Act. I limiting the scope of information required to be included in the disclosure statement, it is expressly contemplated that in individual investigations the Department of Public Safety may have reason to believe that the authority contained in the Solid Waste Act and procedures adopted by the Director of the Environmental Improvement Division should be employed to review additional information.

SOCIAL SECURITY NUMBERS

Notice required under Section 7(b) of the Federal Privacy Act of 1974

Under Section 7(b) of the Privacy Act of 1974, 5 U.S.C. Section 552a (note), any government agency which requests an individual to disclose his Social Security account number must inform that individual whether the disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.

The New Mexico Environmental Improvement Division in cooperation with the New Mexico Department of Public Safety are authorized to require information from solid waste permit applicants pursuant to Solid Waste Act, 74-9-21, NMSA. The Social Security number is used as a secondary identifier by the New Mexico Department of Public Safety when they conduct background identification, when the Department of Public Safety conduct checks of criminal history records maintained by the State and federal governments, and as a cross-check against motor vehicle records. In specific investigations which may involve examination of particular records obtained from outside sources, the Social Security number might be used to determine whether the individual named in the records and the individual under investigation are the same or different persons.

The listing of Social Security numbers on the disclosure forms is voluntary. Under Section 7(a) of the Privacy Act, the Division cannot deny or revoke a license or impose any penalty because of an individual's refusal to disclose a Social Security number. However, the absence of a Social Security number as a secondary identifier may delay processing of, and decisions on permitting because of the additional investigative time and the unavoidable possibility that the absence of a Social Security number may result in the initial identification of an individual as having a criminal record which actually is that of another person. That also may result in delay in the decision on licensing required by the Solid Waste Act.

BUSINESS CONCERN (GOVERNMENTAL ENTITY) DISCLOSURE FORM

NAME OF APPLICANT, PERMITTEE, OR PROSPECTIVE OWNER:

\_\_\_\_\_

RELATIONSHIP OF INDIVIDUAL COMPLETING THIS FORM WITH THE APPLICANT, PERMITTEE, OR PROSPECTIVE OWNER:

\_\_\_\_\_ Business concern is the applicant, permittee, or prospective owner.

\_\_\_\_\_ Business concern is a partner of the applicant, permittee, or prospective owner.

\_\_\_\_\_ Business concern owns or controls the applicant, permittee, or prospective owner.

\_\_\_\_\_ Business concern is the operator of the facility for which the applicant, permittee, or prospective owner is a governmental entity.

\_\_\_\_\_ Business concern is a partner of the operator of the facility for which the applicant, permittee, or prospective owner is a governmental entity and the operator is not an employee of the governmental entity.

\_\_\_\_\_ Governmental entity is the applicant, permittee, or prospective owner of the facility, and therefore must answer Questions 11 through 16 and Question 21 on this form.

\_\_\_\_\_ Other: explain in detail.

BUSINESS CONCERN DISCLOSURE FORM

NAME OF PERSON TO BE CONTACTED IN Reference TO THIS FORM:

\_\_\_\_\_ (name) \_\_\_\_\_ (title)

CONTACT PERSON'S TELEPHONE NUMBER:

\_\_\_\_\_ (area code)

1.a. NAME OF BUSINESS CONCERN COMPLETING THIS FORM. State the complete name of the business concern as it appears on the certificate of incorporation, charter, by-laws, partnership agreement or other official document which establishes the name of the business concern. (If no such document exists, state the name the business uses.):

\_\_\_\_\_

TELEPHONE NUMBER:

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEID): \_\_\_\_\_

PAST NAMES OF BUSINESS CONCERN. List all other names under which the business concern has been known or has done business in the past twenty years.

\_\_\_\_\_ Dates Name Was Used  
From To

Name

1.b. FORM OF THE BUSINESS CONCERN. Check one:

- sole proprietorship  trust
- partnership  joint venture
- limited partnership  other
- corporation

DATE AND PLACE OF ORGANIZATION. State when and where the business concern was established (date of incorporation, partnership agreement, filing of fictitious name certificate, etc.)

\_\_\_\_\_ (date) \_\_\_\_\_ (place)

1.c. STREET ADDRESS OF PRINCIPAL OFFICE

\_\_\_\_\_ (number and street)

\_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code)

MAILING ADDRESS, IF DIFFERENT:

\_\_\_\_\_ (number and street)

\_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code)



1.e. FACILITIES IN NEW MEXICO. List all solid, hazardous, or infectious waste facilities of the business concern in the State of New Mexico.

EPA Facility I.D. No.  
& NM EID Registration Nos.

Type of Facility

Address & Tel. No.

1.f. FORMER FACILITIES IN NEW MEXICO. List all solid, hazardous, or infectious waste facilities formerly operated by the business concern in New Mexico.

EPA Facility I.D. No.  
& NM EID Registration Nos.

Dates in Use  
From To

Type of Facility

Address

1.g. FACILITIES IN OTHER JURISDICTIONS. List all locations in any state (other than New Mexico), district or territory of the United States, or in any foreign country, at which the business concern is currently operating a solid, infectious or hazardous waste facility.

Address & Tel. No.

Type of Facility

EPA Facility I.D. No. (if any)

1.h. FORMER FACILITIES IN OTHER JURISDICTIONS. List all locations in any state (other than New Mexico), district or territory of the United States, or in any foreign country, at which the business concern formerly operated a solid, infectious or hazardous waste facility.

Address

Type of Facility

From To

Permits (issued pursuant to any environmental protection statute)  
Give name and issuing agency

CORPORATE BUSINESS CONCERN DATA  
(This section to be completed only by corporations)

2.a. STATUTORY AGENT. State the name and address of the New Mexico Registered Statutory Agent for service of process.

2.b. CORPORATE ACCOUNTANT. State the name, address and telephone numbers of the corporation's accountant.

2.c. DATE AND PLACE OF INCORPORATION. If incorporated outside New Mexico, state the date when the corporation received a License to do Business in New Mexico.

Date	Place	Date received license to do business in New Mexico
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2.d. OFFICERS. List the following information for each officer of the corporation.

Name	Business Address & Tel. No.	Office Held	Date took Office	Date of Birth	Social Security No.
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2.e. DIRECTORS. List the following information for each director of the corporation.

Name	Business Address & Tel. No.	Date took Office	Date of Birth	Social Security No.
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2.f. FORMER OFFICERS AND DIRECTORS. List the following information for each person who was an officer or director of the corporation at any time during the last 10 years and is not listed in the response to 2.d. and 2.e. above.

Name	Business Address & Tel. No.	Position Held	Dates Held From To	Date of Birth	Social Security No.
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2.g. ATTACH A COPY OF THE ARTICLES OF INCORPORATION.

PARTNERSHIP/JOINT VENTURE DATA

(This section to be completed only by partnerships or joint ventures.)

3.a. FORM OF PARTNERSHIP. Check one.

\_\_\_\_\_ general partnership \_\_\_\_\_ limited partnership \_\_\_\_\_ joint venture

3.b. PARTNERS. List the following information as to each partner of joint venturer. If a limited partnership, list limited partners separately under the heading "Limited Partners".

Name & Home Address	Business Address & Tel. Number	Position in Company	Date of Birth	Social Security No.
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3.c. STATUTORY AGENT and ACCOUNTANT. State the name, address and telephone numbers of the partnership's statutory agent, managing partner, and accountant. If the business concern is a limited partnership, list the name, address and telephone numbers of the statutory agent, managing or general partners, and accountant.

3.d. Attach as applicable, a copy of the certificate or limited partnership agreement, partnership agreement, or agreement of joint venture.

3.e. LIMITED PARTNERSHIPS: List the following information for each limited partner.

Name, Home Address & phone No.	Number of PTN Units	Subscription Cost/Unit	Partner's Social Security No.
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3.f. STATES WHERE QUALIFIED: List states where Limited Partnership is registered or a notice of exemption was filed as required under securities law.

OTHER BUSINESS CONCERN DATA

(Complete this section only if the business concern is organized in a form other than a sole proprietorship, corporation, partnership or joint venture -- such as a trust or association.)

4.a OWNERS, OFFICERS, etc. List the following information as to each person that owns, controls or is an officer of the business concern.

Name and Home Address	Business Address & Tel. No.	Position in Company	Date of Birth	Social Security of FEID No.
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4.b. FORM OF THE BUSINESS CONCERN. Describe how and when the business concern was organized and under what legal authority it was established. Attach copies of all agreements that describe the establishment of the business concern; for example, a charter or trust instrument.

4.c. ACCOUNTANT AND STATUTORY AGENT. List the name, address and telephone number of the business concern's accountant and statutory agent.

SUBSIDIARIES AND STOCK HOLDINGS

5. SOLID INFECTIOUS OR HAZARDOUS WASTE SUBSIDIARIES AND AFFILIATES. List the following information for any business concern, in any state, territory or district of the United States, or in any foreign country, which collects, transports, treats, transfers, stores or disposes of solid, infectious or hazardous waste in which the applicant or permittee holds a five percent (5%) or more interest.

Name of Business Concern	Address & Tel. No.	FEID No.	Type of Equity	% of Total Equity
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6. OTHER SUBSIDIARIES AND EQUITY INTERESTS. List the following information for any business concern in which the applicant or permittee owns or controls 5% or more of the outstanding equity of any corporation or any other business concern.

7. CORPORATE FAMILY. If the applicant or permittee is a subsidiary of a parent corporation or is the parent of one or more subsidiaries, or is part of a conglomerate, supply a chart showing the names and relationships of all parent, sister, subsidiary and affiliate corporations, and members of the conglomerate. Show ultimate parents. If the business concern is privately held, or is a publicly traded corporation with more than 5% of its stock held by relatives, show on the chart all other business concerns owned or controlled by relatives. (Note: This question applies to related companies in any business, not just the solid, infectious or hazardous waste business.)

8.a. FINANCIAL INSTITUTIONS AND FINANCIAL HISTORY. If the business concern has had any petition under any provisions of the Federal Bankruptcy Act or any state insolvency law filed by or against it in the past ten years, list all such actions below. Attach a copy of any final discharge or confirmation of plans on the bankruptcy petition.

Title of Action	Court and Location	Nature of Action	Date of Petition	Current Status or Disposition
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8.b. If any receiver, fiscal agent, trustee, reorganization trustee or similar officer for the business or property of the business concern has been appointed by a court within the past ten years, list the following information:

Name	Address & Tel. No.	Date Appointed	Acted Until (date)	Appointing Court	Current Status or Disposition
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9. SOLID, INFECTIOUS OR HAZARDOUS WASTE PERMITS. List any solid, infectious or hazardous waste permits or licenses or equivalent documents ever held by the business concern under any name, or any other business concern owned or controlled by the applicant or permittee or prospective owner for the operation of a solid, infectious or hazardous waste transportation, storage, transfer or disposal facility.

Name Under Which Held	Facility Location	Type of Facility	Dates License Held From To	EID Registration Number/EPA I.D.
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10. PENDING ADMINISTRATIVE ENFORCEMENT ACTIONS. List and explain any administrative enforcement action (including an administrative order or notice of violation) which is pending against the business concern which involves a violation or alleged violation of a law, rule, or regulation relating to the collection, transportation, treatment, storage, or disposal of solid, hazardous, or infectious waste, or relating to any environmental statute.

Caption of Action	Date Action Commenced	Docket or ID No.	Agency or Tribunal Issuing the Action	Current Status	Description of Violations, Including Dates and Location	Explanation
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11. OTHER ADMINISTRATIVE ENFORCEMENT ACTION: List and explain any administrative enforcement action (including an administrative order or notice of violation) which (a) was taken against you or a business concern owned or controlled by you; (b) was resolved or dismissed in a settlement agreement or in a consent order or decree or was adjudicated or was otherwise dismissed; (c) resulted in the imposition of a sanction, including but not limited to a fine, a penalty, or a payment made or work or service performed in lieu of a fine or penalty, or a cessation or suspension of operations; and (d) concerned a violation or alleged violation of a law, rule, or regulation relating to the collection, transportation, treatment, storage, or disposal of solid, hazardous, or infectious waste or relating to any environmental statute.

Caption of Action	Docket ID No.	Agency or Tribunal Issuing Action	Disposition of Action	Description of Sanction Imposed	Description of Violation Including Dates and Location	Explanation
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12. ENVIRONMENTAL PERMIT REVOCATIONS. List or explain any revocation, suspension or denial of a license, permit, or equivalent authorization, which was issued within the past ten years by any governmental entity and was issued pursuant to a law, rule, or regulation relating to the collection, transportation, treatment, storage, or disposal of solid, infectious, or hazardous waste or relating to any environmental statute.

Caption/Title of Revocation, Suspension or Denial Action	Docket Number or ID No.	Issuing Agency or Tribunal	Date of Revocation, Suspension, or Denial	Reason for Revocation, Suspension, or Denial
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13. PENDING CIVIL SUITS. List the following information for any civil suit which is pending, where you or a business concern which you owned or controlled is a defendant to a claim, counter-claim, or cross claim, and may result in liability or imposition of a sanction, in whole or in part, against you or a business concern you owned or controlled under a law, rule, or regulation relating to the collection, transportation, treatment, storage, or disposal of solid, hazardous, or infectious waste or relating to any environmental statute.

Title of Case/ Case Caption	Docket Number	Court name & location	Nature of Suit (charge)	Date Filed/Initiated	Current Status
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14. CIVIL SUITS. List the following information for any civil suit brought under a law, rule, or regulation relating to the collection, transportation, treatment, storage or disposal of solid, hazardous or infectious waste or relating to any environmental statute or antitrust, trespass or public nuisance statute where you or a business concern which you owned or controlled was a defendant to a claim, counterclaim, or cross claim which alleged liability or resulted in the imposition of a sanction, in whole or in part, against you or a business concern you owned or controlled.

Title of Case/ Case Caption	Docket Number	Court name & location	Nature of Suit (charge)	Date of Judgment	Disposition
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15. PENDING CRIMINAL CHARGES AND INDICTMENTS: Provide the following information for any criminal prosecution pending against you or a business concern which you owned or controlled during the time of the alleged crime. [Provide any explanation of the charges and indictments you may choose to submit. Identify the charge and indictment by the appropriate court number.]

Offense Charged	Indictment, Information or Complaint No.	Date Charged	Court name & location	Current Status of Prosecution
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16. CRIMINAL CONVICTIONS. Provide the following information for any criminal conviction, including deferred, suspended or subsequently dismissed, against you or a business concern which you owned or controlled during the time of the crime. [Provide any explanation of the prosecution you may choose to submit. Identify prosecution by appropriate court number.]

Offense Charged	Indictment, Information or Complaint No.	Date Charged	Court name & location	Current Status of Prosecution
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17. SEALED RECORDS OF CONVICTION: Provide the following information if you or a business concern you owned or controlled were convicted of a crime, and you or the business concern obtained an order sealing the records of conviction. [Provide any explanation of the prosecution you may choose to submit. Identify prosecution by appropriate court number.]

Offense Charged	Indictment, Information or Complaint No.	Date Charged	Court name & location	Current Status of Prosecution	Date Sealed
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A conviction for crimes of moral turpitude, restraint of trade, price-fixing, bribery or fraud, and a history of willful disregard for environmental laws of any state or the United States, unless you can demonstrate rehabilitation, may result in your permit being denied or revoked. The business concern and the convicted person have the burden to present evidence of rehabilitation to the Director of the Environmental Improvement Division.

18. EVIDENCE OF REHABILITATION: Set forth any written evidence or arguments you wish to make that demonstrate rehabilitation.

19. WASTE INDUSTRY ORGANIZATION. List the following information for any organization with any connection whatsoever to the solid, infectious, or hazardous waste industries of which you or the business concern have been a member or held office, including professional organizations and trade associations.

Name of Organization	Address of Chapter or Unit to Which You Belong(ed)	Dates of Membership from (mo/yr) To (mo/yr)	Offices and Dates Held (if any)
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20. Describe the business concern's experience and credentials in the collection, transportation, treatment, storage or disposal of solid, waste, infectious waste, or hazardous waste. In addition to those of the business concern, describe the experience and credentials brought to the business by key employees, officers, directors and partners. You may answer or supplement your response by the inclusion of resumes, lists of professional publications and achievements, and cross-references to information included with the Personal History Disclosure Forms.

AFFIDAVIT \*

STATE OF )  
 )  
 )  
COUNTY OF )

I, \_\_\_\_\_, on behalf of \_\_\_\_\_, do hereby swear (or affirm) that I am authorized and have personal knowledge that the information in this Business Concern (Governmental Entity) Disclosure Form and that the information about the business concern given in answer to Questions (please circle the Questions to which this affidavit applies):

- 1.a. 1.b. 1.c. 1.d. 1.e. 1.f. 1.g. 1.h. 2.a. 2.b. 2.c. 2.d. 2.e. 2.f. 2.g. 3.a. 3.b.
- 3.c. 3.d. 3.e 3.f 4.a. 4.b. 4.c. 5. 6. 7. 8.a. 8.b. 9. 10. 11. 12. 13. 14. 15.
- 16. 17. 18. 19. 20.

is true and accurate. I swear (or affirm) that the information provided is based upon my personal knowledge after exercising diligent efforts to be apprised of all the facts and circumstances necessary to provide the information. I am aware that if any of the foregoing statements made by me are false, I am subject to criminal prosecution and civil action. I understand and acknowledge that all of the answers are material to the determination of whether a license will issue.

Dated: \_\_\_\_\_  
(signature)  
\_\_\_\_\_  
(type or print name here)  
\_\_\_\_\_  
(title or position)

If this form was prepared by a person other than the individual signing this affidavit (such as an attorney or accountant), indicate that person's name, address and telephone number:

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_.

\_\_\_\_\_  
(Notary)

\* SUFFICIENT AFFIDAVITS SHOULD BE ATTACHED SUCH THAT SOME PERSON SWEARS TO THE TRUTH AND ACCURACY OF THE INFORMATION OF THE ANSWERS TO EACH QUESTION IN THIS FORM.

RELEASE AUTHORIZATION

To All Courts, Probation Department, Selective Service Boards, Credit Bureaus, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, and all Governmental Agencies - federal, state, and local without exception both foreign and domestic.

On behalf of \_\_\_\_\_

I, \_\_\_\_\_, have authorized the Department of Public Safety of New Mexico to conduct an investigation into the background of \_\_\_\_\_ for the purpose of determining its suitability to hold a solid waste facility permit as provided by the Solid Waste Act.

Therefore, you are hereby authorized to release any and all information pertaining to \_\_\_\_\_, documentary or otherwise, as requested by an appropriate employee, agent or representative of the Department of Public Safety of New Mexico.

This authorization shall supersede and countermand any prior request or authorization to the contrary. A photographic copy of this authorization will be considered as effective and valid as the original.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(title)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

\_\_\_\_\_  
(notary)



GARY E. JOHNSON  
GOVERNOR

State of New Mexico  
**ENVIRONMENT DEPARTMENT**  
Harold Runnels Building  
1190 St. Francis Drive, P.O. Box 26110  
Santa Fe, New Mexico 87502  
(505) 827-0169

MARK E. WEIDLER  
SECRETARY

EDGAR T. THORNTON, III  
DEPUTY SECRETARY

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## GOVERNMENTAL ENTITY DISCLOSURE STATEMENT

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*In accordance with the Solid Waste Act (NMSA 1978, §74-9-21.A) and New Mexico Solid Waste Management Regulations (EIB/SWMR-4, §201.B.6), applicants for solid waste facility permits are required to file a disclosure statement with the information required by the Environment Department. Information provided will be used by the Department of Public Safety to conduct background investigations on key employees of the permit holder. The purpose of such investigations is to ensure that solid waste facility operations will not be subject to criminal influence or disposal of unauthorized hazardous wastes. All information provided or obtained in the course of the investigation will remain confidential unless ordered otherwise by a court of competent jurisdiction. Questions regarding this form may be directed to the Program Manager, Permit Section, Solid Waste Bureau, 505-827-2950.*

REVISION B:  
10/4/95

CONFIDENTIAL  
WHEN COMPLETED

## INSTRUCTIONS

1. Every applicant for or holder of a New Mexico Environment Department Solid Waste Facility Permit that is a local, state, or federal government entity, or a cooperative association of such entities, must complete this form.

2. All questions must be answered completely and truthfully. All information requested is material and essential, and failure to provide any information requested in this form may constitute grounds for denial or revocation of a permit. If a question does not apply, enter "Not applicable" or "N/A" in the space provided. If there is nothing to disclose in answer to a particular question, enter "None" in the space provided.

3. Notice required under Section 7(b) of the Federal Privacy Act of 1974. Under Section 7(b) of the Privacy Act of 1974, 5 U.S.C. Section 552a, any government agency which requests an individual to disclose his Social Security account number must inform that individual whether the disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.

The New Mexico Environment Department, in cooperation with the New Mexico Department of Public Safety, is authorized to require information from solid waste permit applicants pursuant to the Solid Waste Act, §74-9-21, NMSA. The Social Security number is used as a secondary identifier by the New Mexico Department of Public Safety when it conducts background investigations and checks criminal history records maintained by the State and federal governments. In specific investigations which may involve examination of particular records obtained from outside sources, the Social Security number may be used to determine whether the individual named in the records is the same individual under investigation.

The listing of Social Security numbers on the disclosure forms is voluntary. Under Section 7(a) of the Privacy Act, the Environment Department cannot deny or revoke a license or impose any penalty because of an individual's refusal to disclose a Social Security number. However, the absence of a Social Security number as a secondary identifier may delay processing and approval of permit applications due to the additional investigative time the absence of a Social Security number may cause.

4. Please type or print all responses. If necessary, continue answers on a separate page, making sure to properly identify the question number and, if applicable, the employee to whom the answer applies.

GOVERNMENTAL ENTITY  
DISCLOSURE STATEMENT

APPLICANT INFORMATION

1. Local, state, or federal government entity, or cooperative association applying for permit:

\_\_\_\_\_

2. Name of facility: \_\_\_\_\_

3. Person submitting form: \_\_\_\_\_

Job title: \_\_\_\_\_ Phone: \_\_\_\_\_

4. List applicant's existing or planned contracts to accept waste from out-of-state sources:

<u>Waste Generator</u>	<u>City &amp; State</u>	<u>Type of Waste</u>	<u>Annual Tonnage</u>
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5. List all key employees involved in the management or operation of the solid waste facility. A "key employee": is an individual employed as a supervisor or an individual empowered to make discretionary decisions; is delegated authority in the interest of the employer and exercises independent judgement; recommends or makes decisions regarding personnel or waste management; is not merely authorized to perform a routine or clerical task. Each employee listed below should complete Form A (attached) for submittal to the Program Manager of the Solid Waste Bureau's Permit Section.

<u>Full Name</u>	<u>Social Security #</u>	<u>Job Title</u>
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**GOVERNMENTAL ENTITY  
DISCLOSURE STATEMENT**

6. Do you have any relatives or business associates who are employed by, who hold a financial interest in, or who have been a party to a contract with a business which deals in the transportation, processing, or disposal of solid waste, or a business which produces, hauls, processes, or disposes of toxic, hazardous, or special wastes?  Yes  No  
If "yes", provide details.

7. **CERTIFICATION**

I hereby certify that, to the best of my knowledge, the information provided in this form is true and complete. I am aware that if any of the foregoing statements made by me are false, I may be subject to criminal prosecution or civil action. I understand and acknowledge that all of the answers are material to the determination of whether a solid waste permit will issue.

Date: \_\_\_\_\_

\_\_\_\_\_ (signature)

**LISTED BUSINESS CONCERN DISCLOSURE FORM**

For each business concern listed on any disclosure form submitted by an applicant or permittee pursuant to the Solid Waste Act.

LISTED BUSINESS CONCERN DISCLOSURE FORM  
INSTRUCTIONS

1. WHO MUST COMPLETE THIS FORM. This form must be completed for all business concerns listed in any disclosure form.
2. ALL QUESTIONS MUST BE ANSWERED. All of the information sought by the New Mexico Environmental Improvement Division and the Department of Public Safety is material and essential. Failure to provide any of the information requested in the disclosure forms constitutes a material failure to provide necessary information and may constitute grounds for denial or revocation of a permit. Read every question carefully before answering any. Answer every question completely. Do not leave any blank spaces. If a question does not apply, enter "Not Applicable" or "N/A" in the space provided. If there is nothing to disclose in answer to a particular question, enter "None" in the space provided.
3. ANSWER COMPLETELY AND TRUTHFULLY. Failure to answer any question completely may result in the statement being returned for supplementation. If the answer to a question in this form is identical to an answer given to a previous question in the form, you may answer the later question by writing "Same as \_\_\_\_\_". For example, if the answer to Question 3 is the same as the answer to Question 2, you may answer Question 3 by writing "Same as 2."

**WARNING**  
**FRAUDULENT, DECEPTIVE OR MISLEADING ANSWERS ON DISCLOSURE STATEMENTS MAY RESULT IN THE DENIAL OR REVOCATION OF AN EID PERMIT. IN ADDITION, ANY PERSON WHO FAILS TO DISCLOSE OR WHO MAKES FALSE OR MISLEADING STATEMENTS ON THIS FORM MAY BE SUBJECT TO FELONY CRIMINAL PROSECUTION.**

Be especially careful not to leave out information in a way that might create an impression that you are trying to hide it. For example, a minor criminal conviction may not disqualify you or your company from being licensed -- but attempting to conceal the conviction may lead to a finding of untrustworthiness, and result in your disqualification. Omitting such information from this form, even unintentionally, may result in your disqualification. Even if the question is resolved in your favor, an application may be delayed while the inquiry goes forward.

4. ADDITIONAL SPACE. If you need additional space to answer a question, use plain 8 1/2" by 11" paper. Insert additional pages immediately following the page on which the question you are answering appears. Be sure to indicate your answer is "continued on next page", and indicate on the additional page what question is being answered.

When you have finished answering all questions, and have attached all additional pages, consecutively number each page at the top right corner -- including the additional pages. Pages of the original form which need to be renumbered as a result of adding pages should be renumbered at the space provided after "Your Page No. . ."

5. EXHIBITS. If you are required or wish to submit any document in connection with your answer to any question, refer to it in your answer as, for example, "Exhibit No. \_\_\_", and attach it at the end of the form.
6. TYPE OR PRINT YOUR ANSWERS. Type or print in legible block letter style.
7. The information required to be submitted in the disclosure statement is intended to be the information necessary to begin the background investigation required by the Solid Waste Act. In limiting the scope of information required to be included in the disclosure statement, it is expressly contemplated that in individual investigations the Department of Public Safety may have reason to believe that the procedures contained in the Solid Waste Act and procedures adopted by the Director of the Environmental Improvement Division should be employed to review additional information.

SOCIAL SECURITY NUMBERS

Notice required under Section 7(b) of the Federal Privacy Act of 1974

Under Section 7(b) of the Privacy Act of 1974, 5 U.S.C. Section 552a (note), any government agency which requests an individual to disclose his Social Security account number must inform that individual whether the disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.

The New Mexico Environmental Improvement Division in cooperation with the New Mexico Department of Public Safety are authorized to require information from solid waste permit applicants pursuant to Solid Waste Act, 74-9-21, NMSA. The Social Security number is used as a secondary identifier to New Mexico Department of Public Safety when they conduct background identification, when the Department of Public Safety conduct checks of criminal history records maintained by the State and federal governments, and as a cross-check against motor vehicle records. In specific investigation which may involve examination of particular records obtained from outside sources, the Social Security number might be used to determine whether the individual named in the records and the individual under investigation are the same or different persons.

The listing of Social Security numbers on the disclosure forms is voluntary. Under Section 7(a) of the Privacy Act, the Division cannot deny or revoke a license or impose any penalty because of an individual's refusal to disclose a Social Security number. However, the absence of a Social Security number as a secondary identifier may delay processing of, and decisions on permitting because of the additional investigative time and the unavoidable possibility that the absence of a Social Security number may result in the initial identification of an individual as having a criminal record which actually is that of another person. That also may result in delay in the decision on licensing required by the Solid Waste Act.

LISTED BUSINESS CONCERN DISCLOSURE FORM

1. NAME OF THE LISTED BUSINESS CONCERN FOR WHICH THIS FORM IS COMPLETED

2. Provide the following information for each individual who is an officer, director or partner of the business concern listed in Question 1.

Full Name

Date of Birth

Address & Telephone No.

Social Security No.

"Business Concern" means any form of business organization including sole proprietorships, partnerships, corporations, trusts and associations.

3. Provide the following information for each individual who holds any equity in or debt liability of the business concern listed in Question 1 and is not a publicly traded corporation.

Full Name

Date of Birth

Address & Telephone No.

Social Security No.

4. Provide the following information for each individual who holds 5 % or more of the equity in or debt liability of the business concern listed in Question 1, and the business concern listed in Question 1 is a publicly traded corporation.

Full Name

Date of Birth

Address & Telephone No.

Social Security No.

- 3 - Your Page No.: \_\_\_\_\_  
5. Provide the following information for each business concern which is a partner of the business concern listed in Question 1.

Full Name

Address & Telephone No.

Federal Tax I.D. No.

6. Provide the following information for each business concern which holds any equity in the business concern listed in Question 1, where the business concern listed in Question 1 is not a publicly traded corporation.

Full Name

Address & Telephone No.

Federal Tax I.D. No.

7. Provide the following information for each business concern which holds any debt liability in publicly traded corporation listed in Question 1, where the business concern listed in Question 1 is not publicly traded corporation.

Full Name

Address & Telephone No.

Federal Tax I.D. No.

8. Provide the following information for each business concern which holds 5 % or more of the equity of a business listed in Question 1, where the business concern listed in Question 1 is a publicly traded corporation.

Full Name

Address & Telephone No.

Federal Tax I.D. No.

9. Provide the following information for each business concern which holds 5% or more of the deb  
liability of a business listed in Question 1, where the business concern listed in Question 1  
a publicly traded corporation.

Full Name

Address & Telephone No.

Federal Tax I.D. No.

AFFIDAVIT \*

STATE OF

COUNTY OF

I, \_\_\_\_\_, on behalf of \_\_\_\_\_ do hereby swear (or affirm) that I am authorized and have personal knowledge that the information in this Listed Business Disclosure Form and that the information about the business concern given in answer to Questions (please circle the Questions to which this affidavit applies):

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

is true and accurate. I swear (or affirm) that the information provided is based upon my personal knowledge after exercising diligent efforts to be apprised of all the facts and circumstances necessary to provide the information. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to criminal prosecution and civil action. I understand and acknowledge that all of the answers are material to the determination of whether a license will issue.

Dated: \_\_\_\_\_ (signature)

\_\_\_\_\_ (type or print name here)

\_\_\_\_\_ (title)

If form was prepared by a person other than the individual signing this Affidavit (such as an account or attorney), indicate that person's name, address and telephone number: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

\_\_\_\_\_ (notary)

\* Sufficient affidavits should be attached such that some person swears to the truth and accuracy of the information of the answers to each question in this form.

SUBSIDIARY DISCLOSURE FORM

For all subsidiaries of the applicant, if the subsidiary, or an individual who serves as an officer, director, partner, or key employee for the subsidiary is, or has been charged with, or convicted of a crime of moral turpitude, restraint of trade, price-fixing, bribery or fraud, or any violation of environmental law of any state or the United States.

Pursuant to the Solid Waste Act.

SUBSIDIARY DISCLOSURE FORM

Instructions

1. WHO MUST COMPLETE THIS FORM. Any subsidiary, if the subsidiary, or an individual who serves as an officer, director, partner, or key employee for the subsidiary, is, or has been charged with, or convicted of a crime of moral turpitude, restraint of trade, price-fixing, bribery or fraud, or any violation of environmental law, rule or regulation of any state or the United States, must complete this form.

A "key employee" is an individual employed as a supervisor or an individual empowered to make discretionary decisions. A "key employee" is delegated authority in the interest of the employer and exercises independent judgment. A "key employee" recommends or makes decisions regarding personnel or waste management. A "key employee" is not merely authorized to perform a routine or clerical task. An applicant or permittee who has been charged with a crime must demonstrate rehabilitation, or it may result in your permit being denied or revoked. The business concern and the convicted person have the burden to present evidence of rehabilitation to the Director of the Environmental Improvement Division.

2. WHO IS A SUBSIDIARY? A "subsidiary" is a business concern which is owned or controlled by, or is a partner of, the applicant or permittee.

3. ALL QUESTIONS MUST BE ANSWERED. All of the information sought by the New Mexico Environmental Improvement Division and the Department of Public Safety is material and essential. Failure to provide any of the information requested in the disclosure forms constitutes a material failure to provide necessary information and may constitute grounds for denial or revocation of a permit. Read every question carefully before answering any. Answer every question completely. Do not leave any blank spaces. If a question does not apply to you, enter "Not applicable" or "N/A" in the space provided. If there is nothing to disclose in answer to a particular question, enter "None" in the space provided.

4. ANSWER COMPLETELY AND TRUTHFULLY. Failure to answer any questions completely may result in your statement being returned to you for supplementation of your answers. If the answer to a question in this form is identical to an answer given to a previous question in the form, you may answer the later question by writing "Same as \_\_\_\_." For example, if the answer to Question 3 is the same as the answer to Question 2, you may answer Question 3 by writing "Same as 2."

WARNING:

FRAUDULENT, DECEPTIVE OR MISLEADING ANSWERS ON DISCLOSURE STATEMENTS MAY RESULT IN THE DENIAL OR REVOCATION OF AN EID PERMIT. IN ADDITION, ANY PERSON WHO FAILS TO DISCLOSE OR WHO MAKES FALSE OR MISLEADING STATEMENTS ON THIS FORM MAY BE SUBJECT TO

FELONY CRIMINAL PROSECUTION.

-ii-

Be especially careful not to leave out information in a way that might create an impression that you are trying to hide it. For example, a minor criminal conviction may not disqualify you or your company from being licensed -- but attempting to conceal the conviction may lead to a finding of untrustworthiness, and result in your disqualification. Omitting such information from this form, even unintentionally, may result in your disqualification. Even if the question is resolved in your favor, an application may be delayed while the inquiry goes forward.

5. **ADDITIONAL SPACE.** If you need additional space to answer a question, use plain 8 1/2" by 11" paper. Insert additional pages immediately following the page on which the question you are answering appears. Be sure to indicate your answer is "continued on next page", and indicate on the additional page what question is being answered.

When you have finished answering all questions, and have attached all additional pages, consecutively number each page at the top right corner -- including the additional pages. Pages of the original form which need to be renumbered as a result of adding pages should be renumbered at the space provided after "Your Page No. . . ."

6. **EXHIBITS.** If you are required or wish to submit any document in connection with your answer to any question, refer to it in your answer as, for example, "Exhibit No. \_\_\_", and attach it at the end of the form.

7. **TYPE OR PRINT YOUR ANSWERS.** Type or print in legible block letter style.

8. The information required to be submitted in the disclosure statement is intended to be the information necessary to begin the background investigation required by the Solid Waste Act. In limiting the scope of information required to be included in the disclosure statement, it is expressly contemplated that in individual investigations the Department of Public Safety may have reason to believe that the authority contained in the Solid Waste Act and procedures adopted by the Director of the Environmental Improvement Division should be employed to review additional information.

9. **EXPLANATIONS.** You may provide an explanation for any information disclosed.

SUBSIDIARY DISCLOSURE FORM

NAME OF APPLICANT, PERMITTEE, OR PROSPECTIVE OWNER:

NAME OF PERSON TO BE CONTACTED IN REFERENCE TO THIS FORM:

Name Title

CONTACT PERSON'S TELEPHONE NUMBER:

(Area Code)

- 1. NAME OF SUBSIDIARY. State the complete name of the subsidiary as it appears on the certificate of incorporation, charter, by-laws, partnership agreement or other official document which establishes the name of the business concern.

TELEPHONE NUMBER:

(Area Code)

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEID):

ADDRESS OF PRINCIPAL OFFICE:

CIVIL LITIGATION AND CRIMINAL PROCEEDINGS

2. CIVIL SUITS. Provide the following information for each civil judicial complaint filed against, or judgment of liability of, or settlement of any civil claim, of the subsidiary for violation of environmental law or antitrust, trespass or public nuisance law.

Case Name	Date Filed	Docket Number	Name and Location of Presiding Court
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3. CRIMINAL CHARGES AND INDICTMENTS OF SUBSIDIARIES. Provide the following information for any criminal charge or indictment filed against the subsidiary for a crime of moral turpitude, restraint of trade, price-fixing, bribery, fraud, trespass and public nuisance.

Crime Charged	Date Filed	Indictment, Information or Complaint No.	Name and Location of Presiding Court
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4. CRIMINAL CHARGES AND INDICTMENTS OF INDIVIDUALS. Provide the following information for any criminal charge or indictment filed against an individual who serves as an officer, director, partner, or key employee for the subsidiary for crimes of moral turpitude, antitrust, restraint of trade, price-fixing, bribery, fraud, trespass or public nuisance.

Name of Individual	Crime Charged	Date Filed	Indictment, Information or Caption No.	Name and Location of Presiding Court
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5. CRIMINAL CONVICTIONS OF SUBSIDIARIES. Provide the following information for any criminal conviction of the subsidiary for crimes of moral turpitude, antitrust, restraint of trade, price-fixing, bribery, fraud, trespass or public nuisance.

Crime	Date Filed	Indictment, Information or Complaint No.	Name and Location of Presiding Court
-------	------------	--	--------------------------------------

A "key employee" is an individual employed as a supervisor or an individual empowered to make discretionary decisions. A "key employee" is delegated authority in the interest of the employer and exercises independent judgment. A "key employee" is not merely authorized to perform a routine or clerical task.

6. CRIMINAL CONVICTIONS OF INDIVIDUALS. Provide the following information for any criminal conviction of an individual who serves as an officer, director, partner or key employee of the subsidiary for any crime of moral turpitude, antitrust, restraint of trade, price-fixing, bribery, fraud trespass and public nuisance.

Name of Individual	Crime	Date Filed	Indictment, Information or Complaint No.	Disposition	Name and location of Presiding Court
--------------------	-------	------------	--	-------------	--------------------------------------

A "key employee" is an individual employed as a supervisor or an individual empowered to make discretionary decisions. A "key employee" is delegated authority in the interest of the employer and exercises independent judgment. A "key employee" is not merely authorized to perform a routine or clerical task.

AFFIDAVIT \*

STATE OF )  
 )  
COUNTY OF )

I, \_\_\_\_\_, on behalf of \_\_\_\_\_, do hereby swear (or affirm) that I am authorized and have personal knowledge that the information in this Subsidiary Disclosure Form about the business concern given in answer to Questions (circle the Question to which this affidavit applies):

1 2 3 4 5 6

is true and accurate. I swear (or affirm) that the information provided is based upon my personal knowledge after exercising diligent efforts to be apprised of all the facts and circumstances necessary to provide the information. I am aware that if any of the foregoing statements made by me are false, I am subject to criminal prosecution or civil action. I understand and acknowledge that all of the answers are material to the determination of whether a license will issue.

Dated: \_\_\_\_\_  
\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Type or Print Name Here)

\_\_\_\_\_  
(Title or Position)

If this form was prepared by a person other than the individual signing this affidavit (such as an accountant or attorney), indicate that person's name, address, telephone number and position.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

\_\_\_\_\_  
(Notary)

\* Sufficient affidavits should be attached such that some person swears to the truth and accuracy of the information of the answers to each question in this form.